Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.

Lithium Therapy in Older Patients

TO THE EDITOR: If it is not too late, may I add another note to the correspondence already elicited by the comprehensive article "Lithium Treatment for Psychiatric Disorders" (Maletzky, BM, Shore JH: West J Med 128:488-498, Jun 1978). In an extensive experience (beginning in 1958) with patients receiving long-term lithium therapy, I too have found lithium carbonate a safe prophylactic for manic-depressive illness and unipolar recurrent depressions.

I agree with correspondent Rein Tideiksaar (West J Med 129:147, Aug 1978) that dosages of lithium in the elderly should be reduced, but I would recommend even lower dosages. In these patients, beginning at age 60 or earlier, satisfactory results were usually obtained by dosages of 150 to 600 mg per day, with serum levels of 0.5 to 0.6 mEq or even less.

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More on Wenckebach

TO THE EDITOR: Cabeen, Roberts and Child mention in their thoughtful article "Recognition of the Wenckebach Phenomenon" that Wenckebach first described his eponymic phenomenon from his inspection of pulse tracings (129:521-526, Dec 1978). The history of this discovery is considerably more complex and amazing, particularly when one recalls that the electrocardiograph had not yet been invented.

Theodore Engelmann[1] observed by the naked eye in 1894 that when atrioventricular block in frogs' hearts at times progressively increased, an atrial contraction was not conducted to the ventricle. He demonstrated this to his favorite student, Karel Wenckebach, who described the complicated conduction-defect in man in 1899 from the analysis of radial arteriograms recorded by the polygraph.[2] He reported that Luciani had discovered the phenomenon in frogs' hearts in 1872; so he named it the Luciani period rather than the Engelmann period. However, Wenckebach made it up to his teacher in 1903 by dedicating to him his book on the arrhythmias.

EDWARD SHAPIRO, MD
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REFERENCES

1. Engelmann TW: Beobachten und Versuche am suspendierten Herzen. Pflügers Arch 56:149, 1894
2. Wenckebach KW: Zur Analyse des unregelmässigen Pulses—II-Ueber den regelmässig intermittenden Puls. Zeitschr f klin Med 37:475, 1899

Medical Quality Versus Legal Quality

TO THE EDITOR: In his article in the November 1978 issue, "The Duty of Hospitals and Hospital Medical Staffs to Regulate the Quality of Patient Care," Judge Goldberg points out the frailty of medical policing, but at least the mechanisms exist. As he states, these mechanisms were created by medicine without legal prompting (note his comments regarding the American College of Surgeons). Further, as he points out, medicine is attempting to improve these mechanisms.

On the other hand, he fails to point out that the bar hasn't even started. There are no internal review mechanisms of any kind. A review of the *California Bar Journal* will show that lawyers never lose their licensure for incompetence. Of interest is the fact that under the old law, doctors lost their licensure for improper use of drugs or sexual misconduct, while under present law lawyers only lose licensure for thievery or abandonment. Freudians may have some comments here.

The California Medical Association now has entered more than 20 countersuits against lawyers. These represent reactions to the most egregious examples of poor lawyering. Far more such examples exist, but suits remain unfiled. I am not playing a "gotcha" game. I am dead serious. Poor lawyering costs money to defend against. For physicians these costs ultimately are translated into increased patient costs. Frankly, the societal cost

is enormous for it isn't limited to medical malpractice. Yet no one—neither the bar nor CMA—has dared look at the full scope of the problem.

While the ills of medicine admittedly exist, they are being treated. On the other hand, I would suggest that Judge Goldberg could, as a leader of his profession, contribute by tending to the ills of his profession. He might start by instituting something like the frail systems of internal review currently existing in medicine. Perhaps he could even see what can be done to match law school quality to medical school quality in California. Some two thirds of California law schools are unaccredited. Many are little more than quick buck diploma mills.

Judge Goldberg—heal thyself.

BEN SHWACHMAN, MD, JD
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Judge Goldberg Replies

TO THE EDITOR: As both a doctor and a lawyer, Dr. Shwachman should appreciate the distinction between truth and relevance.

No responsible person whom I know contends that either the medical or legal professions are in perfect order, undeserving of reproach or immune to criticism. But my paper was written in response to an invitation to speak about doctors. I was not asked to speak about lawyers. Therefore the relevant proverb is not Dr. Shwachman's emendation of scripture but Saint Luke's original: "Physician, heal thyself."

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Postzoster Neuralgia

TO THE EDITOR: A comprehensive report on herpes zoster by Dr. James B. Reuler in the December 1978 issue includes the statement that "The major therapeutic challenge facing clinicians is management of postherpetic neuralgia." We feel that postherpetic pain is manageable.

We reported our experience with the use of large doses of vitamin E in the form of d, alpha-tocopheryl acetate up to 1,600 IU daily over a period of several months, if necessary, in a series of 13 patients, during a four-year period, who had suffered from postzoster neuralgia.[1] Of the 13 patients, 11 had had moderate to severe pain for more than six months. Of these, seven had had the pain for more than a year, one for 13 years and one for 19 years. Severity of the pain was estimated by the amounts of analgesics and sedatives required to control it. In nine of the 13 patients there was complete or almost complete relief from pain, in two there was moderate improvement and two thought that they were slightly improved. Of particular significance is the fact that the two patients who had suffered from the neuralgia for 13 and 19 years, respectively, were among those who had complete or almost complete relief.

We have continued to obtain comparable results during the ensuing five years since this report was published, and we also feel that the administration of large doses of d, alpha-tocopheryl acetate during the acute stage of the disease relieves the pain and shortens the duration of the process.

Female hormones and inorganic iron, such as in mineral supplements and white bread or cereals "reinforced" with iron, tend to inactivate vitamin E and should be avoided. Patients with hypertension or badly damaged hearts, or diabetic patients receiving insulin, should be started with much smaller doses, such as 100 IU a day, which can be gradually increased while the blood pressure and the serum glucose levels are monitored to avoid an insulin shock reaction.

Vitamin E properly used in adequate amounts is a simple, effective and nontoxic answer to Dr. Reuler's "therapeutic challenge."

SAMUEL AYRES, JR., MD
RICHARD MIHAN, MD
Los Angeles

REFERENCE

1. Ayres S Jr, Mihan R: Post-herpes zoster neuralgia: Response to vitamin E therapy (Letter to the Editor). Arch Dermatol 108: 855-856, Dec 1973

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TO THE EDITOR: I read the article by Dr. James B. Reuler in the December issue of the journal with a minimum of interest and a maximum of amusement. Discussing the treatment of herpes zoster and postzoster neuralgia without mentioning the local subcutaneous injection of triamcinolone in saline is an anachronism. After 44 years in dermatology and the treatment of 400 cases with this modality, I can state with certainty that there is no other treatment that offers the prompt cure of acute zoster, beneficial results in 65 percent of the cases of postzoster neuralgia and the reduction of the latter complication to 2 percent to 3 percent of the cases of zoster treated by this method. These results are far superior to anything mentioned by Dr. Reuler in his article.

I notice that the author endorses the inadequate